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SECRETARY OF THE SENATE

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H.D.

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration JAN 13-1999

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Dr. Michael LEE MATTHEW ESQ

Address Committee on Religion

City P.O. Box 1579 WASH. State D.C. Zip 20013-1579

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(202) 452-7699

Contact Dr. MATTHEW

E-mail (optional) _____

6. General description of registrant's business or activities

Putting God First

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.* ☐ Self

7. Client name Committee on Religion

Address P.O. Box 1579

City WASH State D.C. Zip 20013-1579

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Putting God First

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>Dr. MATTHEW</u>	<u>Administrator</u>

Registrant Name

Dr. MATTHEW

Client Name

33054301681
Committee on Religion**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

LAW

12. Specific lobbying issues (current and anticipated)

LAW ENFORCEMENT

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

☒ No → Go to line 14.☐ Yes → Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
 b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
 c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

☒ No → Sign and date the registration.☐ Yes → Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

Signature Dr. Michael LEE MATTHEW ESQ. Date JAN 13, 99Printed Name and Title Doctor Michael LEE MATTHEW ESQ.